WRITE PLAINLY, is especially

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The correct age

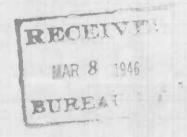
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(11901 Reg. Dist. No. 290

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Tallo County	state Many Valla County tarature lalest
City or town	10101
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
M moual Hospital.	(If rural, give LOCATION)
How long In hospital or instillation?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
7.1-00: Bila.	5. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
M D 1.0.	10
11 D. Jungle	2D. DATE OF DEATH 2 - 19 4 6 at 3 A M
6.(b) Name of husband or wife	2t. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	Fb 18 19 76 10 Fb 19 19 46
7. Birth date of deceased (mo., day, yr.) Rb, # 1946	and thet I last saw h. XXX. alive on X.O. 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
7min,	Mar landar Aldar
Easter Md	Due to Conservat al Suplusia
9. Birinplace	DUE 10
16. Usual occupation	Que to
11. Industry or business	
12. Name Charles Barley	Other conditions
12. Name Carles Sailey 13. Birthplace	
14. Malden name	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operatious
1 15. Birtopiace	Date of op.
16. Informant	Actopsy results
Address Zaston Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. 2 23/146 (moyth) (day) (year)	Accident, suicide, or homicide
	4.
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location De Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Manyes Dailey	Means of Injury Injured at work?
Address Oxland, Mill.	A B I WAY
21.2	23. SIGNATURE M. D. or other
19. (Date reed by registrar) 19 Registrar	Address Date signed - 20 45



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 148-0 CERTIFICATE OF DEATH 1. PLACE OF DEATH: information carefully. The of death clearly and legibly (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME eauses BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 6.(b) Name of husband or wife..... FOR 7. Birth date of deceased (mo., day, yr.) 8. AGE: MARGIN RESERVED 9. Birthplace ... 10. Usual occupation ... 11. Industry or business (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name. Major findings of operations..... PLAINLY, is especially Address Accident, sulcide, or homicide..... Where did Injury occur? WRITE (City or town) tnjured at home, farm, industry, public place (where?) Means of Injury 18. Funeral director. Address

DURATION

2. USUAL RESIDENCE (HOME) OF DECEASED:

3. (b) Social Security Number

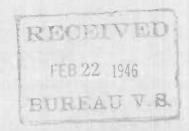
MEDICAL CERTIFICATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

injured at work?

M. D. or other Date signed... Z



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboard infants give residence of mother)
	State Haryland County Jalbot
(If outside city or town limits, write RURAL and give nearest town) Now long in above place of death?	City or town
Hoopital, Inetitution or street address where death occurred:	to a Hanth and Namen Ale
Jouly and Hausen Glo.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARY DEAN COLLI	NS -
1. Sex 5. Color ograce 6. (a) Single) married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(b) Name of husband or wife W. N. Collins	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(c) If alive, give ageyears	Jeen 1940 to teler 1940
7. Birth date of deceased (mo., day, yr.) Feb. 19, 1868	and that Wast saw h LT alive on Market 1944
8. AGE: Years Months Days If less than one day	Immediate cause of death Valuelar Regist DURATION
77 11 26hrsmin.	acrease (alemaning) 3 yrs
9. Birthplace	Due to arterio Selevos (10 yrs
10. Usual occupation. Nousework	
11. Industry or business) Och Thomas	Due to
	Other conditions.
12. Name Lumet & Dean 13. Birthplace , Manous	
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
16. Interment Affichiana (Cochina (Am)	Autopsy results.
a t hus	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addipos 7 22104 2946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buria), cremation, or removal. Which?) Date thereo: (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Arel	Where did injury occur?
Location Captor Mid.	Injured at home, farm, industry, public place (where?)
Para Contract	Means of injury Injured at work?
18. Funeral director	5000 28
Address Jacky, Hold.	23. SIGNATURE Sulleague Degleters
19. (Date /ee'd by registrar) Registrar	Address Early mar Date signed 2/16/4/

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MARYLAND STATE DEPARTMENT OF HEALTH

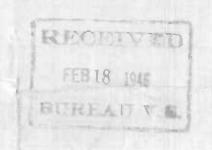
2411 N. Charles St., Baltimore /3/-0



CERTIFICATE OF DEATH

01904

•	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Into at
(If outside city or town lifels, write RUMA and give nearest town)	City or town
Howhions in above place of death?	
J Caston R)	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5 5. Color or race 5.(4) Single, margled/widowed, or divorced	Manual Commission May
To the control of the	MEDICAL CERTIFICATION 30
tamas - Children	20, DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
7. Birth date of 6.(c) If alive, give ree year	and that I last saw hallow aive on 19.56
deceased (mo., day, yr.) // Muy 2 1869	Immediate Apre O death DURATION
8. AGE: Years Months Days If less than one day	June Myolaidito 41/15
min	-
9. Birthptace (Town, county, and state)	. Due to
10. Usual occupation Alognestic	
11. Industry or business Samls (Due to
	Dither conditions Monnie Jugles had yfrom
13. Birthplace Maguelling	Merhritis
14. Maiden name Mars late Carness	(Include pregnants within 3 months of death) Major findings of operations.
15. Birthplace Mars Carel -	major indugs of operations.
18. Informant News 1 Me Names	. Autopsy results
Address Amioundle, MA	PHYStCIAN: Please underline the cause to which death should be charged statistically.
12 Berial Date thereof 726-14, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or remodal, Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
tacation Improved the second	Injured at home, farm, industry, public place (where?)
18. Faneral director Lenger It. Pauf neur	Meens of Injury trijured at work?
Address Cambridge Std.	23. SIGNATURE Haymard 1, ABSK, M. 17
10 2/11 10 46 M. A. neerice	23. SIGNATURE M. D. or other
(Date rec's by registrar) Registra	Address Out The Date signed 1.1.1.4



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PLEASE

AS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-0

01906

CERTIFICATE OF DEATH

Why manyham infants	(HOME) OF DECEASED:		
County	State		
City or town (at outside city or town limits, write RURAL and give nearest town)	County		
A A . Pite or town	city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
Memoral Masqual	(If rural, give LOCATION)		
How long in hospital or institution? 2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number		
John Ascher			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M	IEDICAL CERTIFICATION		
M W. Wildowe 20. DATE DE DEATH	-6-46 1946 at 11 5 M		
6.(b) Name of husband or wife	rred on the date above stated; that I attended deceased from		
	4 1946, 10 Vel- 6 1946		
7. Birth date of and thet I last saw h. A. A.	alive on Sela 3 19 46		
8. AGE: Years Months Days If less than one day	DURATION		
a a la	ie coma 4day		
hrsmin.			
9. Birthplace (Towy, county, and state)	olie rianeys :		
10. Usual occupation Tarena	is Silerosis 2		
11. Industry or business ratered	(
\$ 13. 8irthplace Duntyerland			
14. Maiden name (Include pre	egnancy within 3 months of death)		
14. Maiden name Major findings of operations.			
16. Informant Autopsy results.	ne the cause to which death should be charged statistically.		
Address Tealralshing nid.	due to externat causes, till in the following;		
17 Bate thereof 3/19/46			
(Satisfication) of temoral prices,			
Cemetery or crematory	(City or town) (County) (State)		
Location Tedentshing Md Injured at home, farm, industry	y, public place (where?)		
18. Funeral director	Injured at work?		
Address Fedelalilary mos	F. Schneide M. F		
19. (Date see'd by registrar) 19. (Date see'd hy registrar) Address Address	làn md M. D. or other M. D. or other M. D. or other		

RECEIVED:

FEB 13 1945

BURLE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

()1907 Reg. Diat. No. 247

1. PLACE OF DEATH: Sallot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbook infants give residence of mother)
	State Affanyland County albor
(If of taide city or town limits, write BURAL and give nearest town)	Constant
How long In above place of death?	(Li or town
Hospital, Institution, or street address where death occurred:	J. Hashunglow St
***************************************	(If rural, give LOQATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
SOLOMON T. JAMES	
4. Set 5/Coldr oprace 6.(a) Single, married, widowed, or divorced	_MEDICAL CERTIFICATION
Hale Shite Stidowed	20. DATE OF DEATH February 14 19.46 21 4.20 AM
Fals and Chance James	21. I CERTIFY that geath occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	12-6- 19 45-10 2-14-19 46
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) (Lotober 13, 1860	
8. AGE: Years Months Days It less than one day	Immediate cause of death
85 4 6hrsmin.	Chronic myora litis 6 menth
Maryland	
9. Birthplace	Due to
10. Usual occupation Setting	***************************************
11 ()	Due to
11. Hieustry of Business	P. T. T. T. and
12. Name Joseph James 13. Birthplace Heavy laux	Diher conditions
	(Juclude pregnancy within 3 months of death)
14. Malden name Lusais Clin Jobinson	
14. Malden name flusait Clin Jobinson 15. Birthplace Many Land.	Major findings of operations
What A A Way IN - O	Date of op.
16. Intermant	Autopsy results
Address Caslon, Mfd.	
17 Quirial Date thereof Feb. 16, 1946	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Arising Nell	Where did injury occur?
Carte Hild	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director.	manie VI (illui)
Address Caston, Ufd.	12 Cas 2 D. D.
al a mello	23. SIGNATURE M, D, or other
19. 2 / 5 19 46 / TY / Plant Registrar	Address Easton 2nd Date stoned 2-16-46
and in the	Lam. Ann

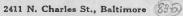


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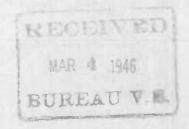
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MARYLAND STATE DEPARTMENT OF HEALTH



01909

CERTIFICAT	E OF DEATH Reg. Diat. No. 290
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fan newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
mis Elia B. Keith	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W married	20. DATE OF DEATH 2 - 25 19. 4 6 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tettended deceased from 19. 19.
7. Birth date of	and that I last saw h. W
8. AGE: Years Months Days If less than one day	Immediate cause of death
59 9 11hrsmin.	Caraba of the sail of 3 day
9. Birthplace	Oue to
10. Usual occupation	Oue to + Dla fre Cerrio
11. Industry or business	
12. Name Ullace J. Bishop 13. Birthplace Car olice Co. mil	Other conditions
# John Market	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
16. Informant Jr. Wmx Peith	Autopsy results
Address / Ceutrevilla Ma.	PHYSICIAN: Please underfue the cause to which death should be charged statistically.
17. (Burial, cremation, or removal. Which?) Date thereot. 2 / 2 7/ 4 6 (month) (hay) (year)	22. VIOLENCE: if death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory, Charles Leal	Where did injury occur?
Location Centreelle hid.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Backers Bus	Means of injury Injured at work?
Address Contractle Maryland	In the face.
19. 2 87 19. 46 N.W. Neerus (Date rec'li by registrar) Registrar	Address. Earthur Suprie signed 721 46



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /70-0)

CERTIFICATE OF DEATH

Reg. Dist. No. 296

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Many land of county Caroline
City or town	(meeting) Q D
How long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Querreau Corner
Memoral Torqua	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas I tord	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	20. DATE OF DEATH 2 19 46 at 12 A. M
6.(6) Name of husband expite. Mrs Estella Lord	21. I CERTIFY that death occurred on the date above stated; That I ettended deceased from
	Rb. 12 19.46 to Ftb. 14 19.46
7. Birth date of	and thef I last saw h was allve on Feb. 14 19.46
deceased (mo., day, yr.) Deptember 16, 1886	Immediate cause of death
8. AGE: Years Months Days If less than one day	
79 4 28hrsmin.	Fractured skull accidentally thrown
9. Birthplace Donahester Co. Md	Due to Dely dra train from trucks curre
(Town, county, and state)	7
10. Usual occupation	Que to Head ining - Frattuse throng &
11. Industry or business	Execute suis
12 Name Laguas & Lond	Other conditions
13. Birthplace Don al. outce C. Mid.	
14. Maiden name May Boll	(Include pregnancy within 3 months of death)
	Major findings of operations.
= 15. Birthplace Doublester Co. Md.	
16. Intermant Mass States M. Jond	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Prester Md. RD.	
17 Bereal Date thereof 2117146	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cromation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur? Was Bethleherm, Caroling, Manykamba (City or town) (County) (State)
Location Conceased Mid-	Injured at home, farm, industry, public place (where?) public flaces.
18. Funeral director. Je Literang tom Son.	Means of injury thrown from truck injured at work? agas.
Address / Federalthy mul	23. SIGNATURE JULY Palmer M. I.
2/14 10 46 had negation	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Castan Mary and Date signed 2 Stall & Comment

FEB 22 1946 BUREAU V S.

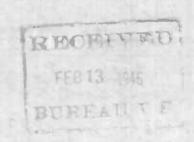
Dr Stevens MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 61 correct CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH legibly. (For newborn infants give residence of mother) County on carefully. (If outside city or town limits, write RURAL and give nearest town) Hospilal, Institution, or street address where death courred: (If rural, give LOCATION) on How long in hospital or institution? 2.(a) If veteran, name war. death 3. (a) FULL NAME 3. (b) Social Security Number informer MEDICAL CERTIFICATION item of i BINDING 20. DATE OF BEATN 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from oly every it B.(b) Name of husband or wife .B. (c) If alive, give age FOR 7. Birth date of deceased (mo., day, yr.) Supply lease wr DURATION 8. AGE: Years Months Days If less than one day RESERVED pl ADING INK. Physicians: 1 10. Usual occupation. MARGIN 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of operations. especially Antopsy results. PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was doe in external causes, still in the following Accident, sulcides or homiefde Where did injury ocur? WRITE (State) Cemetery or cremators (City or town) (County) injured at hopre, farm, industry, public place (where?) Location injured at work? Means of Injury ASE 18. Funeral directo Address M. D. or other

Registrar

Date signed 2-9

SA

(Date rec'd by registrar)



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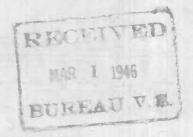
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CEDTIFICATE OF DEATH

	Reg.	Diat.	No.	

1. PLACE OF DEATH: County	
How long in above place of death? Hospilal, instilution, or street address where death accurred: Street No. (If rural, give LOCATION)	******
How long in hospital or institution?	
3. (a) FULL NAME 3. (b) Social Security Number 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	
20, DATE OF DEATH TO LEAD TO 194	M
6.(b) Name of husband or wite	19. 46
8. AGE: Years Months Days If less than one day acute mujocardeles 1	DURATION .
9. Birthplace	4 has
10. Usual occupation. Due to 11. Industry or business,	
12. Name Other conditions (Include pregnancy within 3 months of death)	
14. Maiden name Luknowa Major findings of operations. Dale of op.	
16. Informant Willeaue ere go of Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistic.	
Address 17. Darrial Date thereof (month) (day) (year) Date thereof (month) (day) (year) Date thereof (month) (day) (year)	
Cemetery or crematery (City or town) (County) (State	te)
Location Means of Injury Injured at work? 18. Funeral director flavorite to the same flavority of the same fl	
Address Laston M. D. og fich 19. Let 201 19. Let rec'd by redistrar 19. Let signed M. D. og fich Address Laston M. D. og fich Address Date signed M. Date	6/4/6



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

	1	1 1	112		
	- (1. 1	1	0	1
Reg.	Dist. 1	No.	2-	Z	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Jallot	(For newborn infants give residence of mother)		
Cily er town	oran vounty		
Now loog in above place of death?	City or town		
Nospital, institution, or street address where death eccurred:	(If odtside city of town limits, write KUKAL and give hearest town)		
Total Individual of the Control of t	Street No.		
M. L. J. G. M. J. J. L. M. J. J. B.	(If rural, give LOCATION)		
Now long in bospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Theresa Plummer	nones		
4. Sec 5. Color er race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Elmale white widow	Feb.21.1946		
	20. DATE OF DEATH		
8. (b) Hame of bushand or wife Charles of Plummer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
# (a) M alline when a sec	Feb. 21, 1946 19 16 Feb. 21, 1946		
7. Birth date et	and that I last saw h. eralive on 1 mo. ago. 18.		
deceased (mo., day, yr.) Jan 28 1882	Immediate cause of death.		
8. AGE: Years Months Days If less than one day	5 min		
64 0 24hrsml	Acute coronary Disease		
Trefand,	Probably Chr. Rheumatoid		
(Town, county, and state)	Arthritis		
10. Osuzi occupation. House wifes			
	Due to		
11. Industry or business	None		
E 12. Name / 2006/1/2/	Other conditions None		
≤ 13. Birthglace Ireland	(Incinde pregnancy within 3 months of death)		
14. Malden name thomase Connally			
	Major findings of operations. None		
\$ 15. Birthplace the Cont.	Date of np. None		
18. Interment Mrs. Eleanor Daffin	Antopsy results. NOne		
Address St Michaela. That	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the following:		
17. Burial (Burial, eremation, or removal, Which?) Bate therest Jel 33 / 946 (month) (day) (year)	Accident, suicide, or hemicide		
100: 1 2000	Where did injury occur?		
Cemetery or crematory			
Location St. Michaele, Ma	fujured at home, farm, Industry, public place (Phere?)		
18. Funeral director News am & Harrison	Means et Injury Injured at work?		
To runeral uncolor	TRI		
Address Sct. Michaelo, mas.	23. SIGNATURE / Special Company		
19. Feb 23 19 4 & John Herwales	23. SIGNATURE M. D. or other		
(Date postd by societary)	St. Michaels, Md		

HILLSON STRUCKTESS.

and the same

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BURLAUY

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 300

CERTIFICATE OF DEATH

Reg. Diat. No. 293/

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)		
County Talbot				State Maryland County Talbot		
City or town Royal Oak (If outside city or town limits, write RURAL and give nearest town)						
Now long in above place of death? 10 years Rospital, Institution, or street address where death occurred:			B	City or fown St. Michaels (If outside city or town limits, write RURAL and give nearest town) Street No.		
			d:			
			***************************************	(If rural, give LOCATION)		
	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM	ME				3. (b) Social Security No	umber
Rower	na May Se	ymour	lo, married, widowed, or divorced		none	
4. Sox	5. Color of raco	6.(a)Sing	le, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	white	W	idow	20. DATE OF DEATH 27 Zalra	EP 11 Junes	1116 "
8.(6) Name of husban	d or wife Dan:	iel L	. Seymour	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
*** /			(e) If allow wine age	h 2 minter 6 9	18 7 P 4 5 1 4 5 1VM	
7. Birth date of	T. 3.	1 00	(c) If alive, give egoyears	and that I last saw h	12 rymany	18. 9
deceased (mo., day 8. AGE: Yea		Days	1872	Immediate cause of death		DURATION
0. 1102.	moutus .	1166		Influenza for	mary Lynner	
73		_5	hrs,min.	and admin	now my report	240400000000000000000000000000000000000
8. Birthplace St.	Michaels,	Tal	bot, Md.	Due to	***************************************	.0.0
	HOUGAWI	fe.	state)			******************
16. Usuat occupation			•••••••••••••••••••••••	Duo ta		****************
11. Industry or busine		- 1		***************************************		bes
12. Name	JOHN P. JE	ckso	n	Other conditions		
	St. Michael			(Include pregnancy withi	n 8 months of death)	
質 14. Malden same	Martha St. Michae Mrs. Rowe	Stok	er	Major findings of operations		
15. Birtholace	St. Michae	els,	Md.	Major maings of operations.		
	Mrs. Rowe	na K	ilmon	Antoney results.		
Povol Och Wa				PHYSICIAN: Please underline the cause to		
				22. VIOLENCE: tf death was due to externa	l causes, fill in the following:	40
Burial 17. Burial, cremation, or removal, Which?) Date thereo March 2, 1946 (month) (day) (year)				Accident, suicide, or homicide	Date of	
Cemetery or crematory. Olivet Cemetery				Where did injury occur?(City or tov		······································
Gemetery or Crema						
Location			Md.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
18. Funeral director.	000111010001000000000000000000000000000		arrison	Means of Injury		
Address	St. Michael	els,	Md.	23. SIGNATURE	Lw wide	
6. 1		1	/ M	23. SIGNATURE.	M. D. or	other 1
19. (Date rec'd by	registrar)	-	Herevalia Registrar	· · · · · · · · · · · · · · · · · · ·	Date signed	3
1		- 100	and the same of th			

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. Fig. 5 Figure 1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-6)



M. D. or other

CERTIFICA	ALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(if outside city or town limits, write RURAL and give nearest town)	City or town(If outside city or town limits, write RURAL and rive nearest town)
Hospital, Institution, or street address where death occurred:	Sfreel No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Havet a Smith	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 10 1000 10 1000	2D. DATE OF DEATH 19 19 19 19
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Lastended deceased from
7. Birth date of deceased (mo., day, yr.) 1863	and that I last saw h Low alive on The The The DURATION
8. AGE: Years Months Days If less than one day	in. with Henriplegia & Say
8. Birthplace (Town, county, and state)	Due to Arteres Solerases 1 10 400
10. Usual occupation August Plans	Oue to.
11. Industry or business and the factory of the state of	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ralbel Ishman 15. Birthplace Earlon mod	Major findings of operations
18. Informant of Mehrel a tree	Autopsy results
Address Address Oate thereof Address (Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory for the Medical grant and a second	Where did injury occur?
Location / Language Control of the C	Means of injury Injured af work?
18. Funeral director Address	Stop: & Source seev

Address.

VS A15

PLEASE

19. (Date rec/d by registrar)

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

		0211111011	Reg. Dist. No.		
I. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Talbot		
OARIII		S			
City or town(If	outside city or town l	S limits, write RURAL and give nearest town)	St. Michaela	***********************	
How long in above place	of death?	ens	City or town St. Michaels (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where	death occurred:			
			Street No. (If rural, give LOCATION)		
How long in hospital or	r Institution?		2.(a) If veteran, name war		
3. (a) FULL NAME					
			3. (b) Social Security Number		
Mary	E. Smit	h h	None		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Widow		2.00 -	
2 0110120			20. DATE OF DEATH. F'ebruary 14, 1946 19.	A:OO a	
6.(b) Name of husband or wife Perry P. Smith			21. I CERTIFY that death occurred on the date above stated; that I attended decea Feb. 9, 1946 19	sed from	
7. Birth date of		6.(c) If allve, give ageyea	rs Feb. 14. 1946	13	
deceased (mo., day,)	rr.) - Ou	uar. 3T. 1857 -			
8. AGE: Years	Months	ays If less than one day	Immediate cause of death	DURATION	
88 88	3 5	23hrsmlr	Acute Uremia		
	1		—	0	
9. Birthplace T8	lbot Cou	nty Maryland	Arteriosclerotic Nephritis		
10. Usual occupation	Housewi	fe			
11. Industry or busines:			Due to	***************************************	
			Harmant and an #Gan and 13 -	3 14	
12. Name		80	Dther conditions 117 Del Cells Loll General 124	3 G	
13. 8irthplace	Talbot	County	Diter conditions Hypertension#@eneralized 3 arteriosclerosis, Total blind ness(buthing pregnancy within 3 months of death)		
14. Malden name 15. 8irthplace	Do Not	Know	ness (but wellinde pregnancy within 3 months of death)		
14. Malden name		.D.I.Q.V4	Major findings of operations. Nan		
15. 8irthplace			Date of op. Man	G	
18. Informant Mr	s. Walte	r Messick	Antopsy results None		
10. Inturmant		***************************************	PHYStCIAN: Please underline the cause to which death should be charged st	tatistically.	
Address	DU. MITCH	aels, Md.			
17 Buri	al	note thereof 2 16 46	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Buri (Buriai, cremation,	, or removal. Which?	Date thereof 2 16 46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato	Gaive	t Cemetery	Where did injury occur?	(Ctata)	
Location	Easton,	Md.	Injured at home, farm, Industry public place (where?)		
		n Marshall	Misens of Injury Mored at work?	11	
io. Puneral director				///	
Address	St. Mich	naels, Md.	1 / Mesant	11/1	
1.1-	16 00	John Hardel	23. SIGNATURE J. J. M. D. of	other	
19. (I)oto model	19		St. Michaels Md	.15.46	

Address St . Michaels , Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

Feb / 6 (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING



p.)

Reg. Dist. No. 207

(If outside city or town limits, write RURAL and give nearest town) 3. (b) Social Security Number

MEDICAL CERTIFICATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home, farm, Industry, public place (where?)

Injured at work?

Registrar

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 110-0

01918

CERTIFICAT	E OF DEATH Reg. Dist. No. 2		
City or towa. Of ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If gatside city or town limits, writs RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 6. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Lemalo a.a. Married	20. DATE OF DEATH. Feb. 9, 1946		
8.(6) Name of husband or wife Alagan of Marian and Months and	21. I CERTIEY that death occurred on the date above stated: that I attended because I roth		
6.(c) If alive, give age years	and that I last saw h. er allve on Feb. 8, 1946	*****	
7. Birth date of deceased (mo., day frt.) aleast 1880 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Pleurisy complicated by		
66 about	Empyema 4 mos		
9. Birthplace	Due to		
10. Usual occupation to transmissing the	Due to		
11. Industry or business amy as aleane	Asthenia		
12. Name 1/1 Aansk / Lagrage 1 13. Birthplace / Ayal Cap	Diher conditions		
	(Include pregnancy within 8 months of death)		
14. Malden name frankfishing flama. 15. Birthplace Royal Qak and	Major findings of operations. None		
\$ 15. Birthplace Apyal Wak and	Date of op. None		
16. Informant May The State of	Antopsy results. None PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Royal Clark and	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Gurial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide.		
Cemetery of Williams	Where did injury occur?		
Location Rayal Oak - SA	Injured at home, farm, industry public place (where?)	7	
to a distance	Meens of Injury Injured at work?		
Address Advancy Mad	OR SIGNATURE / At Ques all h		
18. Febr 11 18 46 John How Wales	23. SIGNATURE 2.11.46 St. Michaels, Md Date signed 2.11.46	ò	
(Date rec'd hy registrar) Registrar	Address		

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FEB 12 1946
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